

# OPTOMETRY PROFESSIONAL CORPORATION CHANGE OF SHAREHOLDER(S) FORM

**No other form or method of notice will be accepted**

**NAME OF CORPORATION:**

\_\_\_\_\_ **Optometry Professional Corporation**

**CERTIFICATE OF AUTHORIZATION NUMBER:** \_\_\_\_\_

**CORPORATION NUMBER:** \_\_\_\_\_

If a shareholder added, this form must be accompanied by an **UNDERTAKING FOR PROFESSIONAL CORPORATIONS** form dated and signed by each new shareholder of the Corporation.

\_\_\_\_\_ **ADD SHAREHOLDER(S):**

\_\_\_\_\_ **Full name of new shareholder**      \_\_\_\_\_ **College Registration Number**      \_\_\_\_\_ **Date became shareholder**

\_\_\_\_\_ **Full name of new shareholder**      \_\_\_\_\_ **College Registration Number**      \_\_\_\_\_ **Date became shareholder**

\_\_\_\_\_ **REMOVE SHAREHOLDER(S):**

\_\_\_\_\_ **Full name of shareholder removed**      \_\_\_\_\_ **College Registration Number**      \_\_\_\_\_ **Date shareholder removed**

\_\_\_\_\_ **Full name of shareholder removed**      \_\_\_\_\_ **College Registration Number**      \_\_\_\_\_ **Date shareholder removed**

\_\_\_\_\_ **(President/Secretary)**      \_\_\_\_\_ **College Registration Number**      \_\_\_\_\_ **Date**

**Please return to the College**

**Fax number:** 416 962 4073

**Mail:** 65 St. Clair Avenue E, Toronto, Ontario M4T 2Y3

**E-Mail:** skadarally@collegeoptom.on.ca